

HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pavlicek	Melissa	T.	722-7007
MAILING ADDRESS (Street)			FAX
841 Bishop St., 1628			841-8968
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Maritime Center			523-6151
MAILING ADDRESS (Street)			FAX
Pier 7 Honolulu Harbor			536-1519
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Chinaka			848-4161
MAILING ADDRESS (Street)			FAX
1525 Bernice St.			841-8968
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

(x) Education

Human Services

(x) Science, Technology &amp; Economic Development

Communications &amp; Public Utilities

Government Operations &amp; Finance

Intergovernmental Relations, International Affairs

Tourism &amp; Recreation

Consumer Protection &amp; Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

(x) Culture, Arts, Historic Preservation

Health

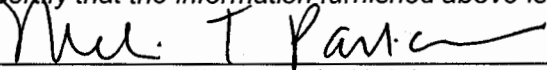
Planning, Land &amp; Water Use Management

Other: (indicate below)

(x) Ecology, Energy Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

MICHAEL CHINAKA

VICEPRESIDENT, TREASURER, & <sup>CHIEF</sup> FINANCIAL OFFICER

NAME OF ORGANIZATION (if applicable)

TELEPHONE

~~BISHOP MUSEUM~~ Hawaee Maritime Center

808-848-4161

MAILING ADDRESS (Street)

FAX

1525 BERNICE STREET

808-841-8968

(City)

HONOLULU

(State)

HI

(Zip Code)

96817

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

9/22/05

(Signature of Authorizing Officer or Person Represented)

(Date)